

March 26, 2009

Ms. Janelle Mulvenon, Chief  
Bureau of Early Intervention Services  
Nevada State Health Division  
2667 Enterprise Road  
Reno, Nevada 89512

**Re: REM Nevada's response to the Bureau's Early Intervention RFI**

Dear Ms. Mulvenon:

REM Nevada is pleased to respond to the Nevada Bureau of Early Intervention Services' RFI which seeks information from all stakeholders regarding the evaluation of the State's current system of early intervention programming. As you know, REM Nevada is one of two private providers currently in operation in the Southern part of the State. At present, we provide: eligibility determination, service coordination, IFSP development, nutrition/feeding, intensive behavioral therapy, play groups for infants and toddlers, physical therapy, occupational therapy, speech therapy and developmental teaching and transition services to approximately 125 children and families on an annual basis. We were awarded a contract for these services in July 2007. REM Nevada also has several sister companies which provide early intervention screening and services in California, Arizona, New York and Connecticut. Operations personnel in these organizations were consulted in the development of our response.

Thank you for your time and consideration of our suggestions for system improvement. We look forward to continued discussions with the Bureau in its efforts to serve Nevada's children with or at-risk for intellectual/developmental disabilities and their families.

Should you require additional information or clarification on our response, I can be reached directly at 702-889-9240.

Sincerely,

Charlene DiBello  
State Director  
REM Nevada

**STATE OF NEVADA**

**JIM GIBBONS**  
**Governor**

**MICHAEL J. WILLDEN**  
**Director**



**RICHARD WHITLEY, MS**  
**Administrator**

**MARY GUINAN, MD, PhD**  
**Acting State**  
**Health Officer**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**HEALTH DIVISION**  
**BUREAU OF EARLY INTERVENTION SERVICES**

Nevada State Health Division  
Request For Information No. 3062009  
For

**Bureau of Early Intervention Services**  
**Nevada State Health Division**

Release Date: March 6, 2009

Deadline for Submission and Opening Date and Time:  
March 26, 2009 @ 5:00 p.m.

For additional information, please contact:  
Janelle Mulvenon, Bureau Chief  
Bureau of Early Intervention Services, Nevada State Health Division  
(775) 688-0327

**This document must be submitted  
in the vendors response**

**See Pages 5, for instructions on submitting response.**

**Contact Information**

Company Name **REM Nevada**

Address: **5693 S. Jones, Suite 118**      **Las Vegas, NV 89118**

Telephone: **702-889-9240**      Fax: **702-889-6945**

E-Mail Address: **[char.dibello@thementornetwork.com](mailto:char.dibello@thementornetwork.com)**

Contact Person: **Charlene DiBello**

Print Name & Title: **Charlene DiBello, State Director, REM Nevada**

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**Request for Information process is different from an Invitation to Bid. The State expects vendors to propose creative, competitive solutions to the agency's stated problem or need, as specified below.**

**1. OVERVIEW OF PROJECT**

**REQUEST FOR INFORMATION**

**The Nevada State Health Division is requesting information  
from potential vendors for:**

**A business model framework for delivering statewide early intervention services for children  
with disabilities under the age of 3.**

The Health Division is seeking information from early intervention providers, organizations, stakeholders of early intervention services, or other individuals that have an interest in responding to the following scope of work.

The overall intent of this Request for Information is for fact finding purposes only; a contract(s) will not be awarded based on the responses submitted to this Request for Information. A separate public notice for a Request for Proposal Announcement may be released at a later date. If a Request for a Proposal (RFP) is subsequently released, a RFP notice will be publicly posted for statewide dissemination.

Please submit your responses to this Request for Information (RFI) by mail or electronically no later than March 26, 2009 at 5:00 p.m. Your responses should be divided into three sections to correspond with the three key components and the corresponding questions of this RFI.

Responses are to be directed only to the person designated below:

State of Nevada, Bureau of Early Intervention Services  
Bureau Chief  
Janelle Mulvenon  
(775) 688-0237 telephone; (775)-687-2984  
E-mail: [jmulvenon@health.nv.gov](mailto:jmulvenon@health.nv.gov)

**2. SCOPE OF WORK**

**2.1 Purpose**

Nevada's State Health Division is evaluating its early intervention system serving children with disabilities under the age of three and their families. An early intervention system includes all of the processes through which children and families enter early intervention, are evaluated for eligibility, receive services and transition out of early intervention services. This Request for Information is collecting detailed information about how early intervention services should be delivered in Nevada. Your response to these key program components will assist the Nevada Department of Health and Human Services, State Health Division, in assessing the existing early intervention service delivery model.

## 2.2 Program Description

The mission of Nevada's Bureau of Early Intervention Services is to identify infants and toddlers who are at risk for, or who have, developmental delays; provide services and support to families to meet the individualized developmental needs of their child; and facilitate the child's learning and participation in family and community life through the partnerships of families, caregivers, and service providers. The current service delivery model includes Nevada Early Intervention Services, which has regional sites located in Carson City, Reno, Elko, Las Vegas and Ely and two southern Nevada contracted providers, REM Nevada and Easter Seals of Southern Nevada. Nevada Early Intervention Services has a work force of state employees and contracted employees. Services are provided in accordance with the Part C, Individuals with Disabilities Education Act (IDEA), PL. 108-446.

Early intervention services should be designed to meet the individualized developmental needs of the infant/toddler and their family. Based on a state definition of eligibility, only children between birth and 36 months of age are eligible for these services:

- Assistive Technology and Devices
- Family Training, Counseling, and Home Visits
- Health Services so the child can benefit from other early intervention services
- Medical Services for Diagnostic Purposes
- Nursing Services to prevent other health problems and benefit from other early intervention services
- Nutritional Services
- Occupational Therapy
- Physical Therapy
- Service Coordination
- Social Work Services
- Specialized Instruction (Developmental Therapy)
- Speech and Language Pathology , including signed and cued language services
- Transportation so the child can participate in early intervention services
- Vision Services (orientation and mobility services)

All professionals providing these above services must meet the education and experience standards as outlined by the Part C, IDEA Professional Standards.

Eligibility must be determined by a multidisciplinary team using multiple sources of information within 45 days of referral. If the child is found eligible for services, an Individualized Family Service Plan (IFSP) must be written within 45 days of referral.

Services are provided to the child/family as outlined in the IFSP and services should be started within 30 days of the signed IFSP. The IFSP includes specific outcomes (goals) and the plan of action to achieve those outcomes. The development of the IFSP involves the family and early interventionists working together to develop a plan that describes the needed services and supports to enhance a child's development. Services are focused on supporting the child and family in their everyday experiences and activities. Strategies are identified for learning to occur throughout the child's activities, routines, and interactions. Home-based and inclusive community settings are preferred. Transitions are also planned from the initial IFSP. With parent permission, a meeting is held at least 90 days before the child's third birthday to transition out of early intervention services.

Early intervention services should be based on evidence-based practice and provided in a culturally relevant manner, including the use an interpreter, if needed. Services and supports should reflect the

current research for best practice accepted in the field of early intervention. The Council for Exceptional Children and the National Association for the Association for the Education of Young Children have established principles that indicate developmentally appropriate practices. Please refer to these websites as resources: [www.naeyc.org](http://www.naeyc.org) and [www.dec-speed.org](http://www.dec-speed.org).

### **2.3 Key Components**

Submit your responses to this request electronically no later than March 26, 2009. Your responses should be divided into three sections to correspond with the three key components and the corresponding questions of this RFI.

REM Nevada is pleased to respond to the Bureau's RFI for the redesign of early intervention services in the State. Program staff has met and consulted with its sister programs in other states (NY, CT, CA and AZ) in the development of this response. The most consistent theme which ran through these meetings was this: early intervention programs **should have parent coaching as their central focus**. REM's original proposal to the Bureau, which resulted in the award of a contract, was designed with this approach at the heart of the program.

At the time of program implementation, however, in an effort to provide the best possible service package to families, REM Nevada mirrored the design provided by Nevada EIS, which offered both coaching and *treatment services* on an ongoing basis. While treatment services must be available to all families, REM Nevada is proposing to use clinicians on a consulting basis to both design and enrich the developmental education and teaching which takes place with its families. This approach will allow the needs of Nevada's at-risk children and their families to receive services, while easing the Bureau's financial burden somewhat.

Should families desire a medical/therapeutic model, REM Nevada's service coordinator would help them to access such therapeutic professionals using their insurance and/or additional resources in their circle of supports.

In sum, REM Nevada believes its staff (and the staff of all service providers) should not "do for" the family, but teach the family how to "do for" itself. REM's developmental specialists coach the family to exercise its rights, to work with the child's developmental needs, to work with those needs within the family dynamic, and to access medical or "professionally prescribed" services within their communities. In essence, parents are given the tools to navigate the resources throughout their lives. Thus, the benefits of the program do not stop when the child ages out; rather families have the tools they need forever.

Should the Bureau desire REM Nevada to return to its initial model, program administrators believe they can deliver comprehensive, high quality early intervention services at the price initially quoted in its contract; or perhaps, at a slightly lower price if the Bureau is open to REM's implementation of this model.

A. **Description of Nevada’s Early Intervention System**

Questions:

1. Describe your ideas on what and how Nevada’s model for early intervention services should be delivered, using evidenced-based practices. Your model must ensure services are available and accessible statewide.

REM Nevada recommends a number of changes to the current system, including:

- Broadening the network of private, community-based providers;
- Having the state serve purely as the administrator of early intervention services (and not as a provider);
- Having the state serve as the SPOE for all early intervention services.
- Having the state provide eligibility determination for all families.
- Requiring all providers to use a family coaching model, rather than a medical-service based model; this approach means services will be delivered in natural, non-clinic environments;
- Requiring the state to open up billing capacity for currently restricted early intervention services to private providers;
- Allowing providers to bill families’ insurance companies for services rendered; and
- Allowing programs to determine their own capacity.

These recommendations are described in more detail below. REM Nevada plans to participate in one of the forums to be held later this month and appreciates the opportunity to respond in writing.

2. Describe your ideas regarding the balance of services provided in the natural environment and/or clinic model. How would you most efficiently and effectively provide services to as many children as possible while demonstrating compliance with the Part C requirement for natural environment recognizing the limited pool of licensed therapists?

REM Nevada firmly believes that all early intervention services should be provided in the natural environment (home, day care, community); and that the use of the “clinic model” is unnecessary. Following the coaching model, licensed therapists see the child at the IFSP and consult to the developmental specialists at predetermined intervals. If actual therapy is prescribed, the developmental specialist and case manager will assist the family in accessing individually appropriate treatments in their communities.

Though the clinic model may be more cost effective for the State, its utilization may do a disservice to children and families who need individualized attention in their own environments.

3. Describe your model including all components such as: intake process for each region of the state (rural, northern and southern), the evaluation process, the development of

the Individualized Family Service Plan (IFSP), the delivery of services for IFSP's, and transitioning process when the child reaches his/her third birthday or attains age appropriate developmental skills.

In REM's envisioned model, state would act as the regulatory and governing agency, responsible for all intakes, eligibility determination, and initial service coordination and IFSP development. Community providers would receive referrals on a rotation; community providers will be responsibility for all subsequent changes to the IFSP. Community Providers would maintain Memoranda of Understanding with local school districts to ensure transition processes would be seamless. The community providers would maintain resource lists for families needing additional services. Private providers would also be responsible for all insurance billing, as described in the third section of this response. Community providers will be responsible to have procedures for Autism Services.

Under federal requirements, Part C would provide technical assistance to community providers and ensure program compliance.

4. In your description, if the activity of a single point of entry (SPOE) is included, please add detail on the functions of a SPOE.

REM Nevada believes the state could consider continuing to provide a Single Point of Entry to the early intervention system. This ensures that program eligibility is standardized and it also minimizes confusion for families.

5. Who should deliver the services and specify the level of responsibility? A few examples include but are not limited to: state-operated programs only, combination of public and private agencies/providers, private agencies only, regional consortiums or networks, a hybrid, etc.

Based on its operating experience, REM Nevada believes that there should be a number of private providers for families to choose from. At present, there are only two private early intervention providers in operation in the State. Introducing more providers will help both families in need and the current provider system as described in B -1 below.

6. If the state were to transition to your envisioned model, describe your recommendations for how this transition could occur.

Over the course of the next two years, based on the recently drafted biannual budget, the proposed plan could be implemented by the State in staged, six month intervals. REM Nevada recognizes that there is already a new state budget proposal in draft and believes it would not be cost effective to develop a new budget strategy. An incremental implementation would allow the state to build its private provider continuum while decreasing its commitment to direct service delivery.

7. What are key questions that the state should consider before choosing a particular approach to a service delivery system?

Before adopting a new system, REM Nevada believes it should fully consider what the priorities and goals are for this next budget period. These decisions will help inform the model chosen.

8. Describe how you would sustain this change and make it statewide.

This change can only be sustained statewide if the state aggressively recruits new community providers. The state will also need to assist community providers through revision of Medicaid limitations, as described below.

The state would also have to be committed to a new role as a regulatory agency.

**B. Description of Determining Program Service Capacity**

Questions:

1. With approximately 3,650 children statewide served each year, how should the state procure services? Examples include but are not limited to: awarding a sole source contract, designating the state responsibility for only specific services, or enrolling annually a pool of providers for early intervention services, etc.

REM Nevada does not believe that awarding a sole source contract is in the best interests of the State's children with or at risk for developmental disabilities. Program staff has taken this position for a number of reasons:

- In keeping with IDEA, REM Nevada believes that families should be offered a choice of both services and *service providers*;
  - All children and families participating in the system have a right to high quality programming, and the quality of early intervention programming is enhanced by competition inherent in a multi-provider environment;
  - REM's sister companies have noted that their service delivery environments are richer when multiple providers are in operation. Different providers have chosen to develop different services, allowing families to choose the best program for the unique needs of their children (children with autism, children with special linguistic needs, for example).
2. What are your recommendations to serve the maximum number of children with the current available dollars?

Currently, community early intervention providers are unable to bill Medicaid for the full scope of services rendered. REM Nevada recommends that the Bureau work with Nevada Medicaid to remove the "State Agency" only stipulation for services such as targeted case management and dietary/nutrition, among others.

3. Describe the role of state government in interfacing with public and private providers.

REM Nevada believes that the state might consider acting solely as the regulatory agency. In this capacity, the state would receive the referrals, provide eligibility determination, and maintain waiting lists, when necessary. Further, the state might issue an RFQ or RFP to develop the continuum of private providers in Nevada.

4. Describe how the state should determine a program's service capacity.

REM Nevada believes that each program should determine its own capacity, as described in C-5 below.

C. **Description of Nevada's Reimbursement System for Early Intervention Services**

Questions:

1. Based on your responses to the two above sections, describe how early intervention programs should be reimbursed for services rendered. Examples may include but are not limited to: fee for discrete services, incentives and penalties, a monthly rate for each child served, billing third party payers (Medicaid, private insurance), etc.

REM Nevada has consulted with its sister organizations in an effort to explore different systems of early intervention program reimbursement. One successful model is currently operational in the State of Connecticut. Here, providers are given a base rate per child. In addition, the program is required to bill the family's insurance provider at least three times. Any reimbursement the program receives from a carrier is turned back to the State, minus a nominal, previously agreed upon administrative fee (which the provider retains for its billing process).

2. How should reimbursement rates be calculated and allocated?

The reader will please refer to REM Nevada's response in C-5.

3. How should funding be distributed by state government among public and private providers?

The reader will please refer to REM Nevada's response in C-5.

4. What should be the consequences if a program does not meet or exceeds the contractual obligations?

The reader will please refer to REM Nevada's response in C-5.

5. Should there be a maximum number of children served and also dollars awarded to community providers?

REM Nevada believes that programs should determine their own capacity in the rotation of referrals. Once referrals enter the state-run SPOE, the Bureau should direct the referral to the first provider on rotation. This provider will accept or reject the referral based upon its capacity to serve the family. If the referral is rejected, the Bureau must move to the next provider on rotation. If families have a provider preference, they may state such preference at the time of intake; in such a case, this referral would not process through the system as described.

As stated earlier in this RFI response, all referrals (including those for children with autism) should enter the system through the state-run SPOE.

## 2.4 **Submittal Instructions**

The Purchasing Division will accept questions and/or comments in writing, received by e-mail regarding this RFI as follows:

Questions must reference the identifying RFI number and be addressed to the State of Nevada, Nevada Health Division, Bureau of Early Intervention Services, Attn: Janelle Mulvenon, e-mailed to [jmulvenon@health.nv.gov](mailto:jmulvenon@health.nv.gov). The deadline for submitting questions is March 13, 2009 at 5:00 p.m. Pacific Time. All questions and/or comments will be addressed in writing and responses e-mailed or faxed to vendors submitting questions on or about March 19, 2009. Please provide company name, address, phone number, e-mail address, fax number, and contact person when submitting questions.

## 2.5 **RFI Timeline**

<b><i>TASK</i></b>	<b><i>DATE/TIME</i></b>
Release date	March 6, 2009
Deadline for submitting questions	March 13, 2009
Answers to all questions submitted available on or about	March 19, 2009
RFI response due no later than	March 26, 2009 @ 5:00 p.m.
Proposed Public Workshop Date	March 31, 2009

***NOTE: These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective vendors.***

## 2.6 **Proposal Submission Requirements**

**Proposal should be received at the address referenced below or sent electronically no later than 5:00 p.m. Pacific Time, on March 26, 2009.**

Responses that do not arrive by proposal opening time and date may not be considered in the development of this project. Vendors may submit their proposal any time prior to the above stated deadline.

**Response shall be submitted to:**

Janelle Mulvenon, Chief  
Bureau of Early Intervention Services  
Nevada State Health Division  
2667 Enterprise Road  
Reno, Nevada 89512  
EMAIL: [jmulvenon@health.nv.gov](mailto:jmulvenon@health.nv.gov)

## 2.7 **Public Workshop Dates**

Bureau of Early Intervention Services, State Health Division will hold public workshops at the following locations on the dates(s) and time(s) specified.

**Public Workshop**

**Las Vegas**

Tuesday, March 31, 2009 at 9:00 a.m.  
Nevada Early Intervention Services  
4528 W. Craig Road, Suite 290  
North Las Vegas, Nevada 89032

**Public Workshop**

**Reno/Elko**

Tuesday, March 31, 2009 at 3:00 p.m.  
Nevada Early Intervention Services  
Conference Room  
2667 Enterprise Road  
Reno, Nevada 89512

**VIDEOCONFERENCE TO:**

Tuesday, March 31, 2009 at 3:00 p.m.  
Nevada Early Intervention Services  
Conference Room  
1020 Ruby Vista Drive, Suite 102  
Elko, Nevada 89801

The purpose of the Public Workshop is to solicit comments from all interested persons regarding Request for Information # 3062009 for Early Intervention Services, Nevada State Health Division. This Request for Information #3062009 is collecting detailed information about how early intervention services should be delivered in Nevada.

The overall intent of this Request for Information is for fact finding purposes only; a contract(s) will not be awarded based on the responses submitted to this Request for Information. A separate public notice for a Request for Proposal Announcement may be released at a later date. If a Request for a Proposal (RFP) is subsequently released, a RFP notice will be publicly posted for statewide dissemination.

There is no economic effect of this Request for Information #03062009 on the public, nor is there any additional cost to the agency for soliciting comments for this Request for Information.

This Request for Information #3062009 does not overlap or duplicate that of any other state or local governmental agency. This Request for Information is not required pursuant to federal law, nor does the federal government regulate similar activities.

Persons wishing to comment on this Request for Information #3062009 may make oral comments at the scheduled hearing or may submit written testimony to:

Janelle Mulvenon, Chief  
Bureau of Early Intervention Services  
2667 Enterprise Road  
Reno, Nevada 89512

Written submission must be received by the Bureau of Early Intervention Services on or before March 30, 2009.

Copies of this Request for Information #3062009 may be obtained in person, by mail or by calling 775-688-0327. This Request for Information is also posted on Nevada Department of Administration, Purchasing Services website-<http://purchasing.state.nv.us> and available at these following locations:

- Northeastern Nevada Early Intervention Services, 1020 Ruby Vista Drive, Elko
- Northeastern Nevada Early Intervention Services, 435 South 13<sup>th</sup> Street, Ely
- Northwestern Nevada Early Intervention Services, 3427 Goni Road, Ste. 104, Carson City
- Northwestern Nevada Early Intervention Services, 2667 Enterprise Road, Reno
- Southern Nevada Early Intervention Services, 1161 S. Valley View Blvd., Las Vegas
- Southern Nevada Early Intervention Services, 4528 W. Craig Road, Suite 290, Las Vegas
- State of Nevada, Office of Disability Services, 3656 Research Way, Carson City
- Family TIES of Nevada, 3100 Mill Street, Suite 117, Reno
- Nevada PEP, 2335 Red Rock Street, Suite, 106, Las Vegas
- Nevada Disability Advocacy and Law Center, 1311 N. McCarran Blvd., #106, Sparks
- University Center for excellence in Developmental Disabilities, UNR College of Education/MS 285, Reno
- Elko County Public Library, 720 Court, Elko
- Clark County Public Library, 1401 E. Flamingo, Las Vegas
- Washoe County Public Library, 301 S. Center, Reno